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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633 Application for Appointment of Registered Agent

	1. Name of the Limited Liability Company Business email address									
\Rightarrow										
	2. It was organized under the laws of the state or other jurisdiction of									
\Rightarrow										
	3. Name and Street Address of the Registered Agent and Registered Office are									
\Rightarrow	Name									
\Rightarrow	Physical Address									
\Rightarrow	P.O. Box									
\Rightarrow	⇒ City, State, ZIP5, ZIP4									
	is designated and appointed registered agent of this Limited Liability Company in the State of Mississippi upon whom service of proces against this Limited Liability Company may be had in the event of any suit against this Limited Liability Company in said State; and the all prior designations and appointments of registered agents, if any, be and the same hereby revoked.									
\Rightarrow	Witness my signature, and t		e SEAL of said Com	pany, this	the	day of				(year)
	By: Signature						(Please ke	eep writing w	vithin blocks)	
	Pri	nted Name					Title			
	The undersigned hereby accepts the above description and appointment of registered agent for service of process									
\Rightarrow	Dated in		Mississippi, the		day of				(year)	
	Sig	nature					(Please ke	eep writing w	vithin blocks)	
	of I	Registered								
	Age	ent								